

Name  
in  
Full

Elijah Marshall Barnes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

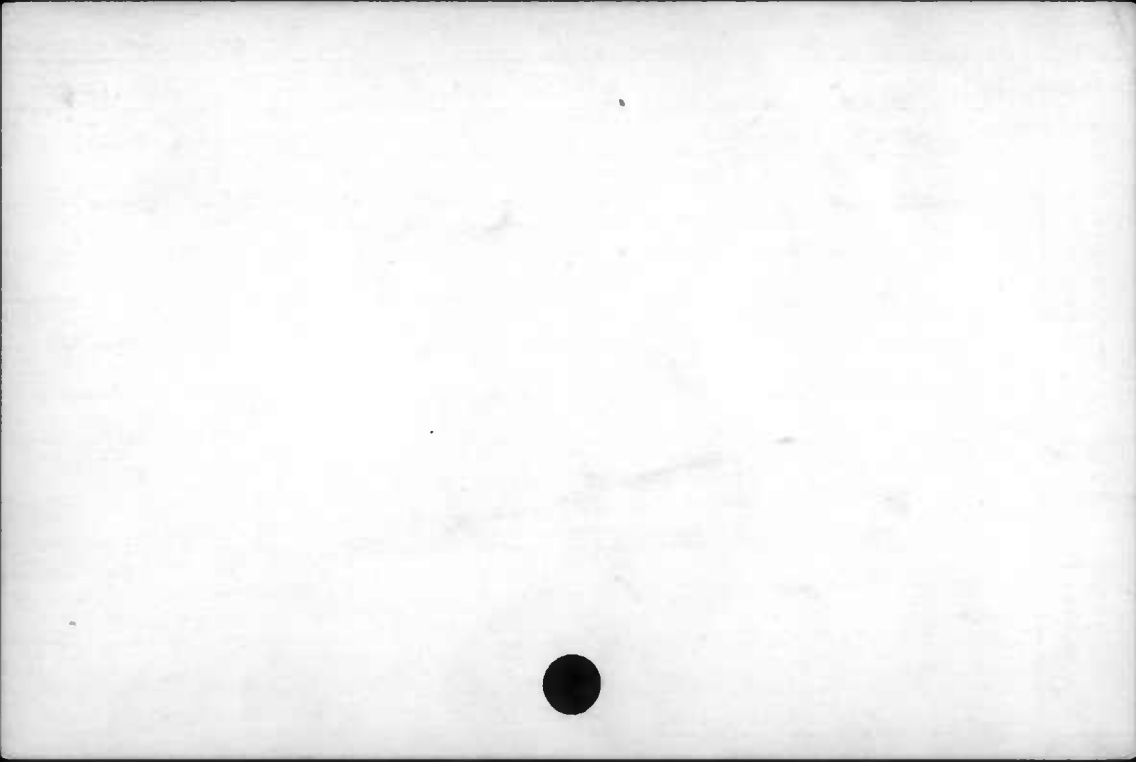
Died at		Town Gardnetree		County Worcester		MARYLAND	
Date of death		1908	Month Nov.	Day 27th	Age	81	Months 0
Sex		male		Color or Race		White	
Occupation		Farmer		Where Residing if not at place of death		Innerville, Md.	
Married, Single or Widowed		married		Name of Wife or Husband		Mary G. Barnes.	
Father's Name		Benjamin Barnes		Father's Birthplace		Ips. Co., (I?)	
Mother's Maiden Name		Hellen Parrell		Mother's Birthplace		Hutchins, Md.	
Name of person giving Information		Hellen Barnes.		How related to deceased		Daughter.	

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	Grippe	How long	10 days
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Paul Jones	
Address		Snodgrass Md	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *honey Bunting* Town *Bishop m. RD #1* County *Worcester*Date of death *1908* Month *Dec* Day *11* Age *73* Years Months DaysSex *Female* Color or Race *White* Birth-place *Maryland*Occupation *House work* Where Residing if not at place of death *At Home*Married, Single or Widowed *Widow* Name of Wife or Husband *Elizabeth Bunting*Father's Name *unknown* Father's Birthplace *unknown*Mother's Maiden Name *unknown* Mother's Birthplace *unknown*Name of person giving information *Nancy Miller* How related to deceased *Daughter*

## CAUSES OF DEATH

154

Primary *Old age*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

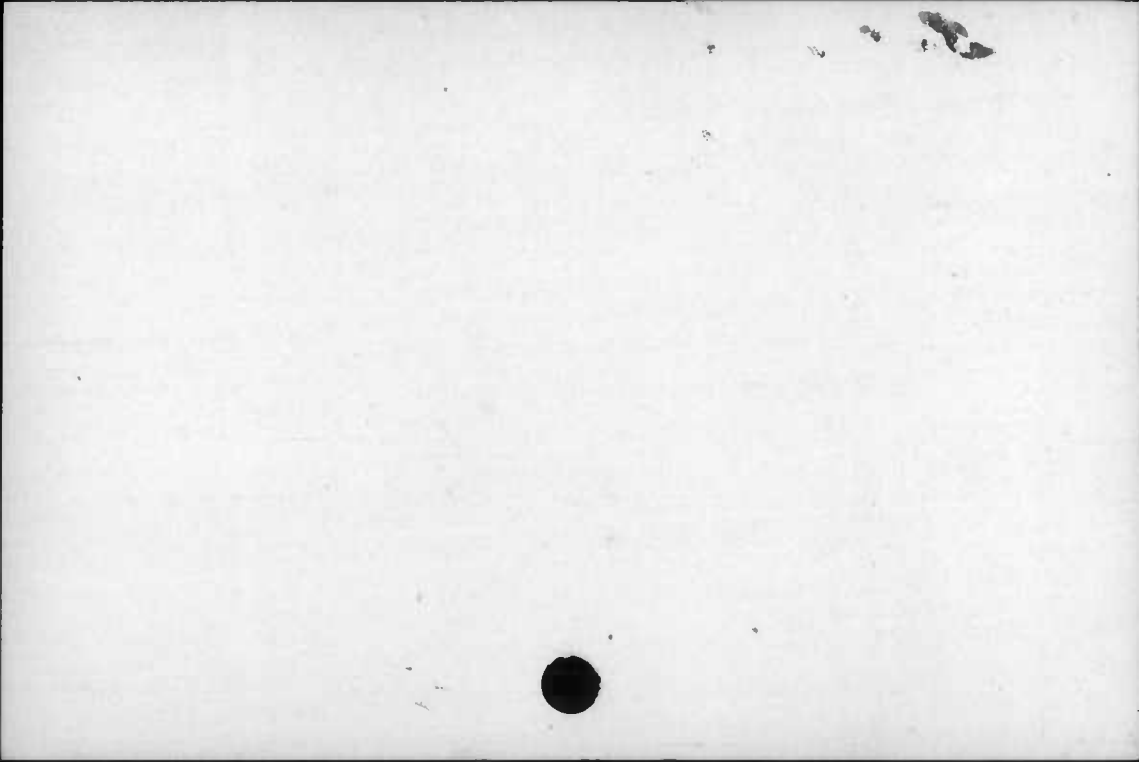
Signature of Physician

Address

*Yes**R. P. Collins*  
*Bishopville Md*

Accident or Suicide?

*Rayne*



Name  
in  
Full

Eliza Linton Corbin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

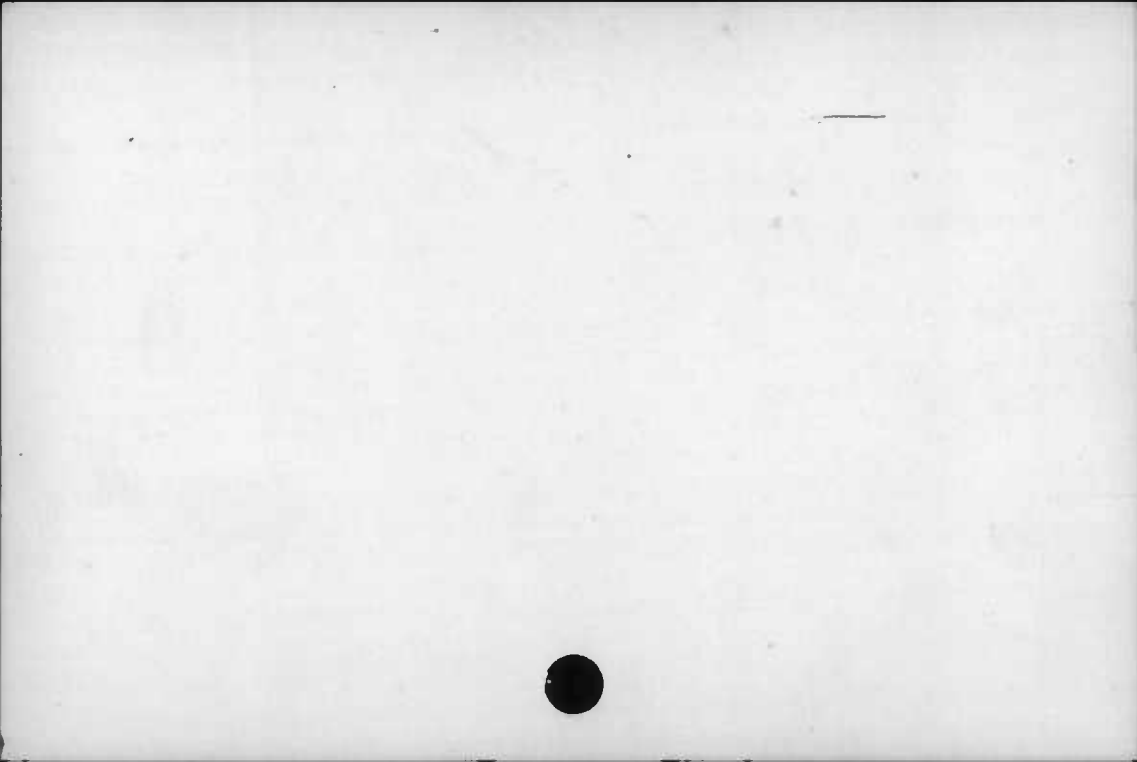
Died at <i>Corbin</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1904</i>	Month	<i>Nov</i>	Day	<i>4</i>
		Age	<i>80</i>	Months	<i>9</i>
				Days	<i>23</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Corbin</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>None</i>		
Father's Name	<i>Wm. Corbin</i>			Father's Birthplace	<i>Corbin</i>
Mother's Maiden Name	<i>Sallie Houston Bacon</i>			Mother's Birthplace	<i>Corbin</i>
Name of person giving information	<i>Edward Fleming</i>			How related to deceased	

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary	<i>accidental fall out of bed</i>	How long	<i>9 weeks</i>
Immediate	<i>Fractured Limb</i>	How long	<i>2</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>P. Jones</i>
		Address	<i>Snow Hill</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

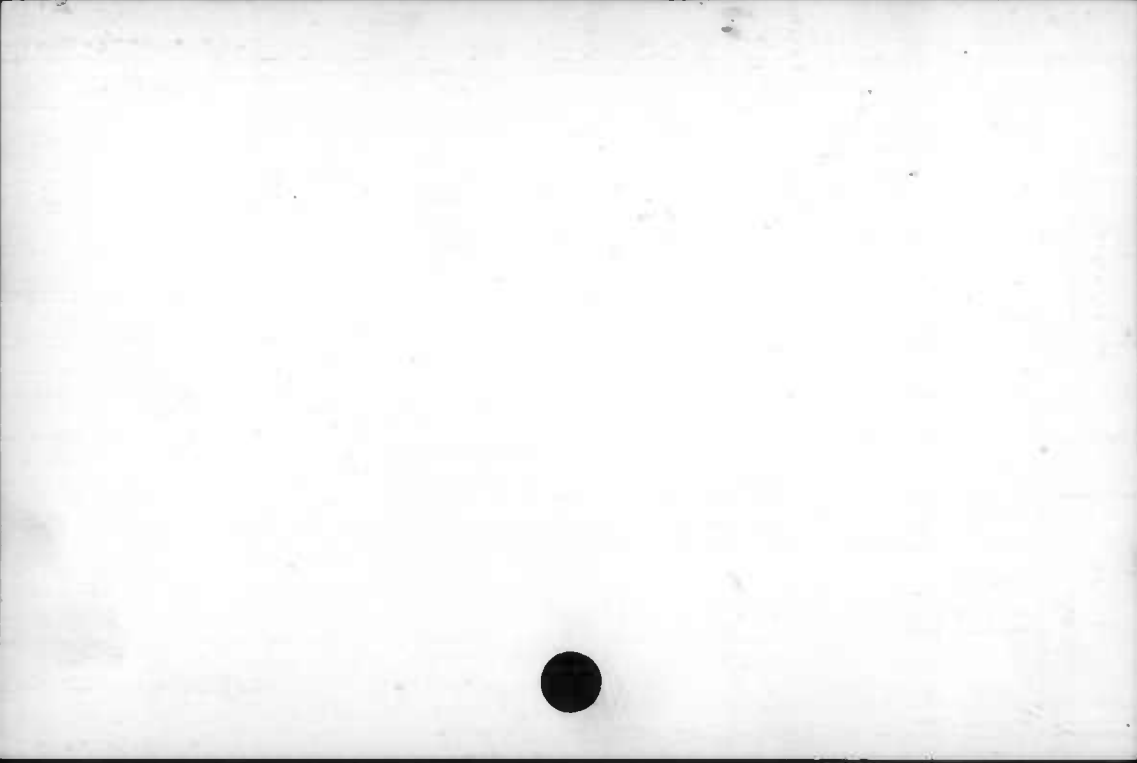
Name in Full <i>Sarah Cathell</i>		Town <i>Near Gaylesville</i>		County <i>Wor</i>		State <i>MARYLAND</i>	
Died at <i>Near Gaylesville</i>		Month <i>Nov</i>		Day <i>28</i>		Years <i>5</i>	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>28</i>		Age <i>5</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Near Gaylesville</i>		Months <i></i>	
Occupation <i></i>		Where Residing If not at place of death <i></i>		Months <i></i>		Days <i></i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>		Father's Birthplace <i>Near Gaylesville</i>		Father's Name <i>Geo Cathell</i>	
Mother's Maiden Name <i>Elizabeth Powell</i>		Mother's Birthplace <i>St Martins</i>		How related to deceased <i>Wife</i>		Name of person giving Information <i>Frank Smallwood</i>	

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary	<i>Burns by heat. 3rd deg</i>	How long	<i>3 days</i>
Immediate	<i>of body and limbs. 2nd degree burn.</i>	How long	<i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Isabel Tyndall</i>	
Address <i>Berlin Md</i>		Accident or Suicide <i>Accident</i>	



Name  
in  
Full

Miss R. E. Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

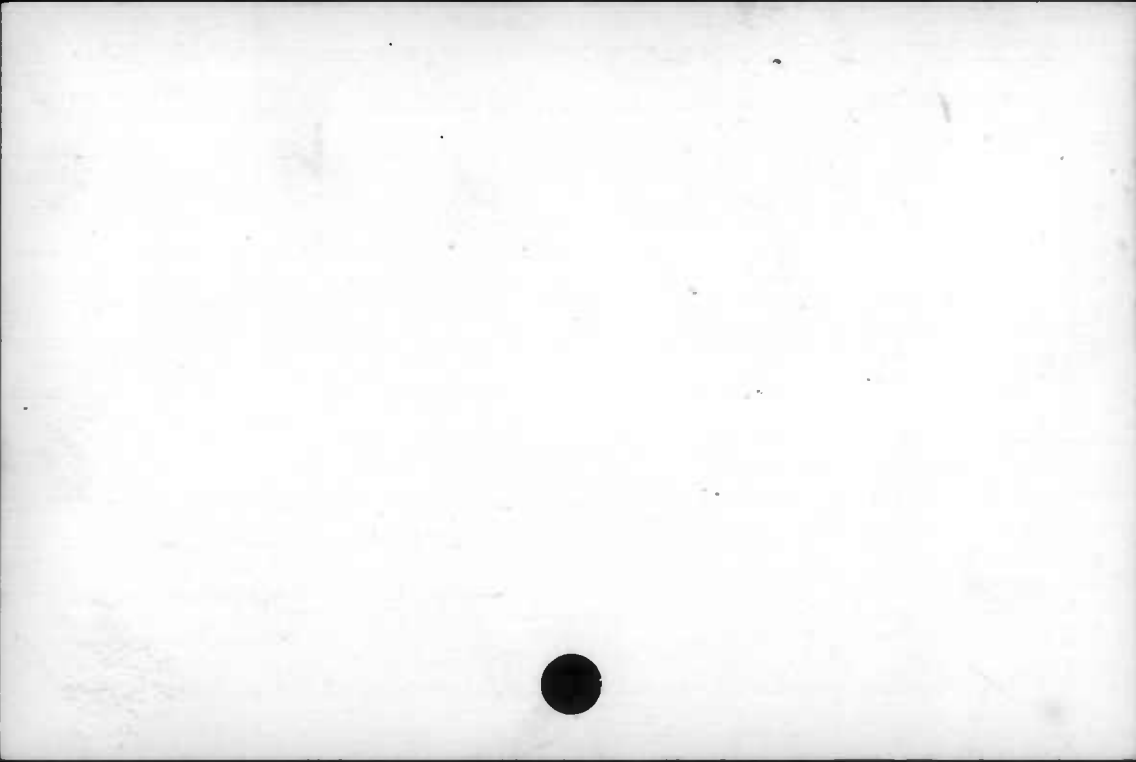
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Nov	24	Age 75			
Sex	Female	Color or Race	White		Birth-place	Near Berlin	
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Salmon Davis				Father's Birthplace	Norcutt	
Mother's Maiden Name	Leah Davis				Mother's Birthplace	"	
Name of person giving Information	Ed. Collins				How related to deceased		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	No Dr in attendance	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Place *Maaphy Figgs* County *Worcester* MARYLAND

Died at *Snow Hill*

Date of death 1908 *Nov* Month *2* Day *43* Age *43* Years Months Days

Sex *female* Color or Race *white* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single *Married* Name of Wife or Husband *Stansbury Figgs*

Father's Name *John Riches* Father's Birthplace *Ind*

Mother's Maiden Name *Clarney Young* Mother's Birthplace *Ind.*

Name of person giving Information *Stansbury Riches* How related to deceased *Brother*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Consumption* How long *2 or 3 yrs*

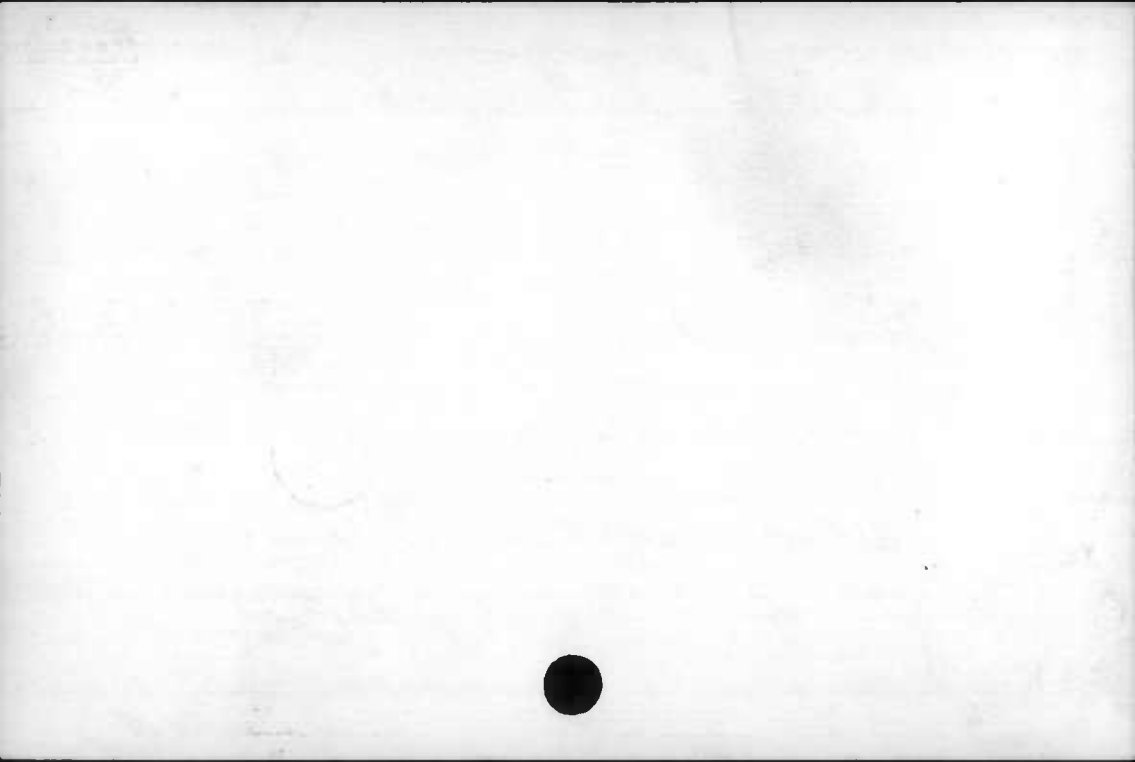
Immediate *Exhaustion* *gradual decline* How long *Several weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. Poyner*

Address *Dr. Poyner*  
*Snow Hill Md*

Accident or Suicide



Name  
in  
Full

*Elizabeth Gray*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

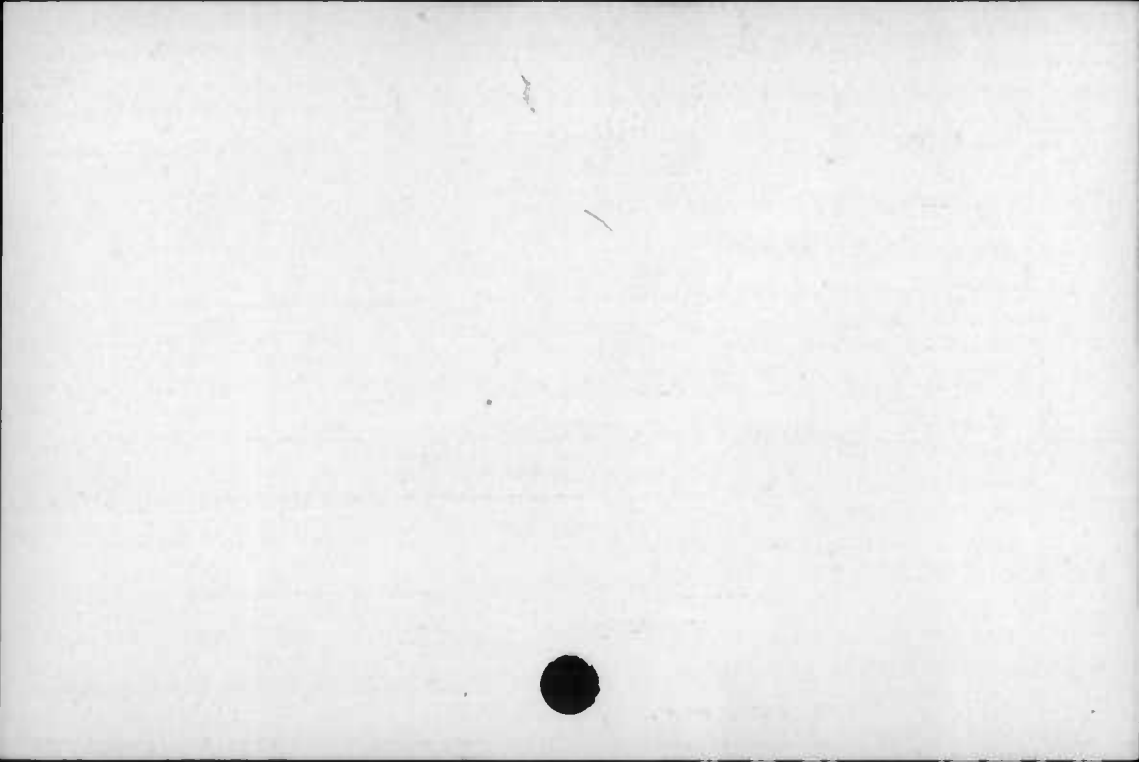
Died at <i>Bark Bldg #1</i>		Town <i>Waverly</i>		County <i>Waverly</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>26</i>		Years <i>79</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>House work</i>				Where Residing if not at place of death <i>At her Daughters</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Asa Gray</i>					
Father's Name <i>James Gray</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Sallie Burkley</i>				Mother's Birthplace <i>Mo</i>			
Name of person giving information <i>William Gray</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

*154*

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. C. C. Smith</i>	
<i>Yes</i>		Address <i>Birmingham</i>	
Accident or Suicide? <i>By Poison</i>		<i>MD</i>	



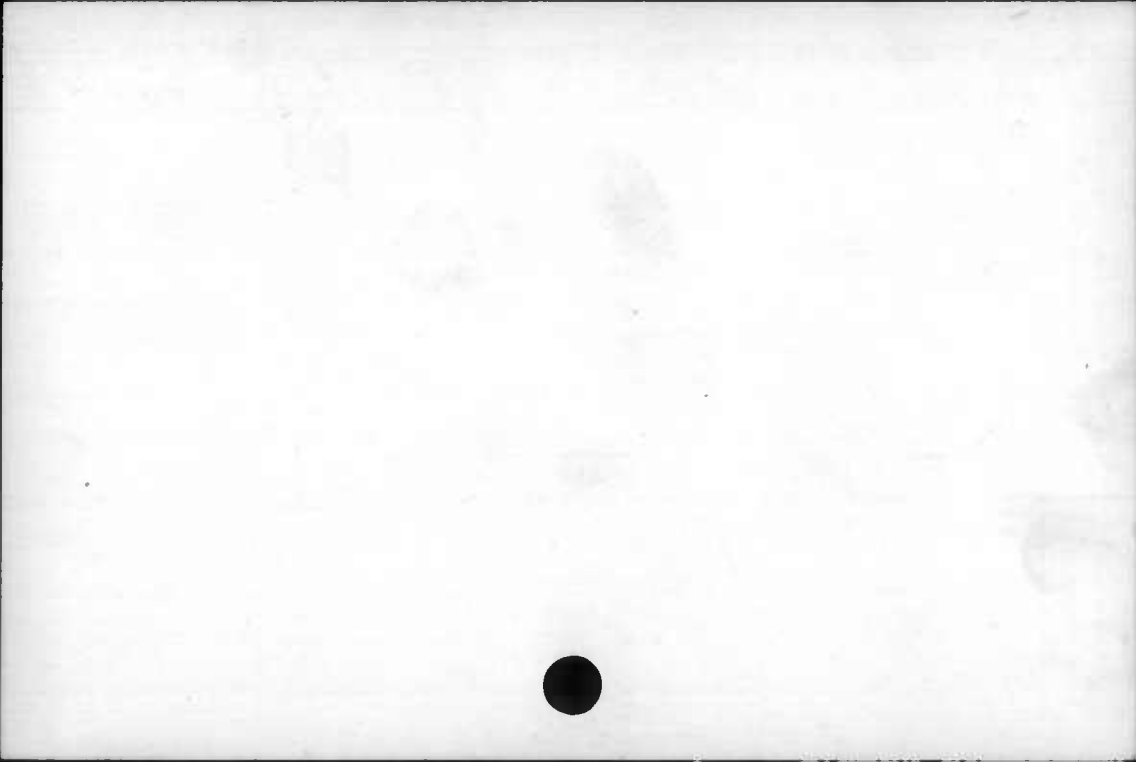
Name  
in  
Full140  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Panama City</i>		Town <i>May</i>		County <i>Norco Tex</i>		MARYLAND	
Date of death 1909		Month <i>Nov</i>		Day <i>27</i>		Age <i>Still Born</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Panama City</i>			
Occupation <i>infant</i>		Where Reaiding if not at place of death <i>Panama City</i>					
Married, Single or Widowed		Name of Wife or Huaband					
Father's Name <i>John Gray</i>		Father's Birthplace <i>Norco Tex Co</i>					
Mother's Maiden Name <i>Bessie Armstrong</i>		Mother's Birthplace <i>LL</i>					
Name of person giving Information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hydrocephalus</i>	How long
Immediate <i>Still Born</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Luzzo</i>
	Address <i>Panama City</i>
Accident or Suicida	



Name  
in  
Full

Amanda Hayman

## CERTIFICATE OF DEATH

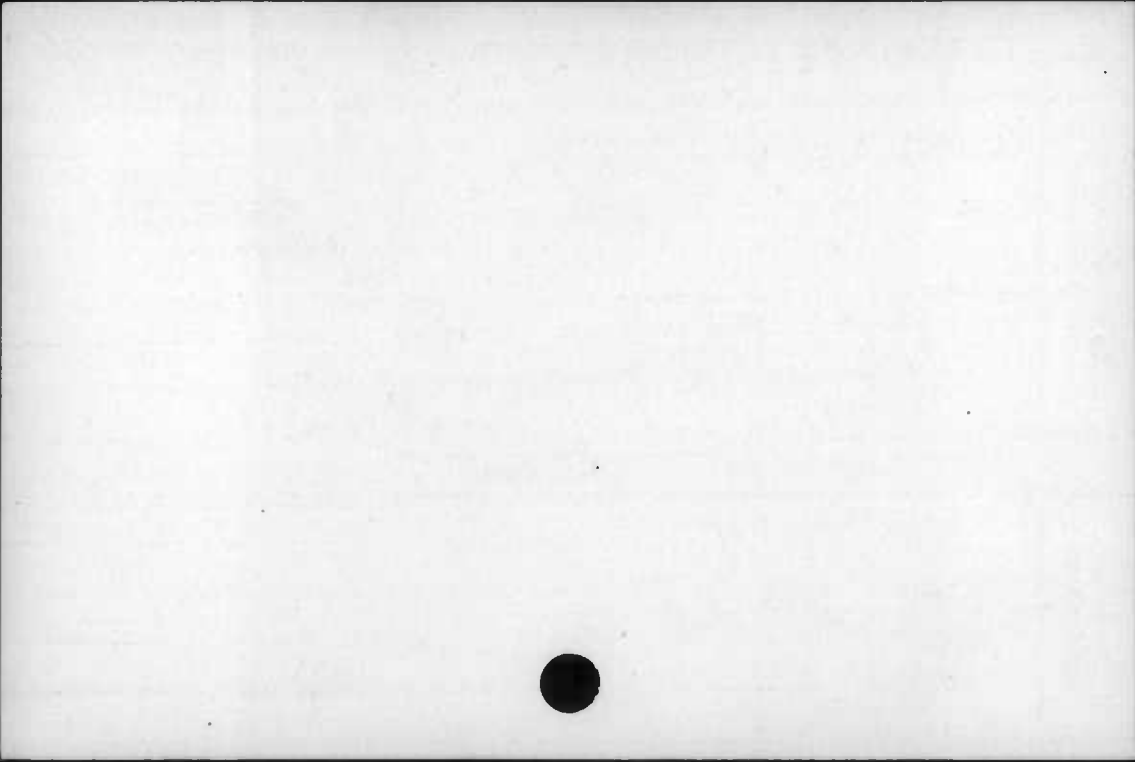
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Snow Hill</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	<u>Nov.</u> <sup>Month</sup>	<u>5</u> <sup>Day</sup>	<u>76</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>female</u>	Color or Race <u>Blk</u>		Birth-place <u>Ind</u>		
Occupation <u>Cook</u>	Where Residing if not at place of death <u>—</u>				
<del>Married</del> <u>Single</u> <u>Widow</u>	Name of Wife or Husband <u>—</u> <u>Don't know</u>				
Father's Name <u>Zvi Burr</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Hannah Burr</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Edna Hayman</u>	How related to deceased <u>Daughter</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Apoplexy</u>	How long <u>64</u> <u>5 days</u>
Immediate <u>Paralysis</u>	How long <u>8 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Paul Jones</u>
	Address <u>Snow Hill Md</u>
Accident or Suicide?	



Name  
in  
Full188  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

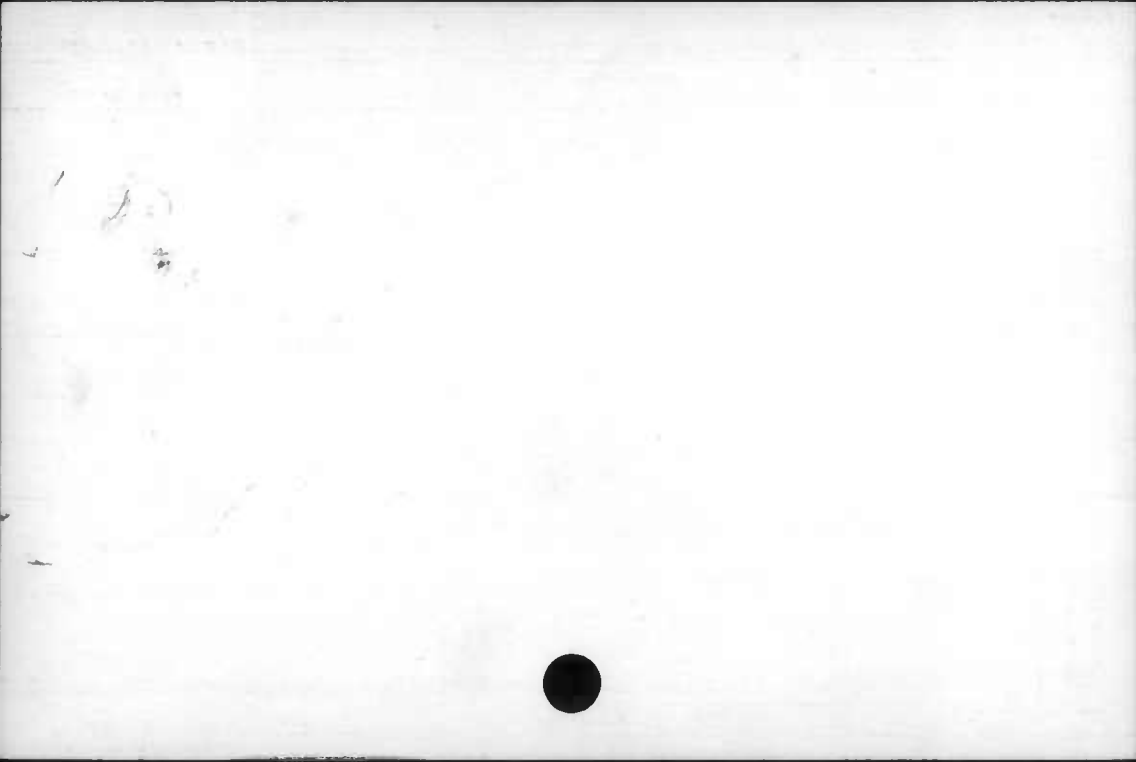
Died at <i>Mar Pocomoke City</i>		Town <i>Mar</i>		County <i>Mar</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>3</i>	Age	Years	Months	Days <i>18</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Marblehead</i>				
Occupation <i>✓</i>			Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>✓</i>				
Father's Name <i>Charles B Hudson</i>			Father's Birthplace <i>Marblehead</i>				
Mother's Maiden Name <i>Annie Ward</i>			Mother's Birthplace <i>Marblehead</i>				
Name of person giving Information <i>C. P. Hudson</i>			How related to deceased <i>Grandfather</i>				

## CAUSES OF DEATH

152

PHYSICIAN  
OR CORONER

Primary	<i>Septic infection (Caud)</i>	How long	<i>5 Days</i>
Immediate	<i>Results of the above</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. Peet Hall</i>	
		Address <i>Pocomoke City, Md</i>	
Accident or Suicidal <i>(Birth conducted by midwife)</i>			



Name in Full		No Name Deleted				134		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		MARYLAND	
		Date of death		Month		Day		Age	
		1908		November		12		20 <del>1</del>	
		Sex		Color or Race		Birth-place		Months	
		male		colored		Pocomoke city		1/2	
Occupation		Where Residing If not at place of death		Pocomoke city					
Married, Single or Widowed		Name of Wife or Husband							
Father's Name		Grant Dallett				Father's Birthplace		Pocomoke city	
Mother's Maiden Name		Sadie Dennis				Mother's Birthplace		Pocomoke city	
Name of person giving information		Father Grant Dallett				How related to deceased		Father	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		no Physician Called but - Informants				1			
		Immediate				How long			
		by midwife							
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Address			
Ordered Burial by me after seeing said child		Accident or Suicide?		Eph. Hallman		Eph. Hallman			
				Address		Eph. Hallman			
				Signature of the Peace		Eph. Hallman			



Name  
in  
Full

Farrar L. Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Snow Hill <sup>County</sup> Worcester

MARYLAND

Date of death 1908 <sup>Month</sup> Nov <sup>Day</sup> 2. Age <sup>Years</sup> 3 <sup>Months</sup> 3 <sup>Days</sup> 20

Sex female Color or Race white Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Fether's Name Wm H. Jones Father's Birthplace Ind

Mother's Maiden Name Annette A. Herman Mother's Birthplace Ind.

Name of person giving information — How related to deceased —

## CAUSES OF DEATH

9

Primary Laryngeal diphtheria How long 5 days  
Immediate Suffocation How long few hours

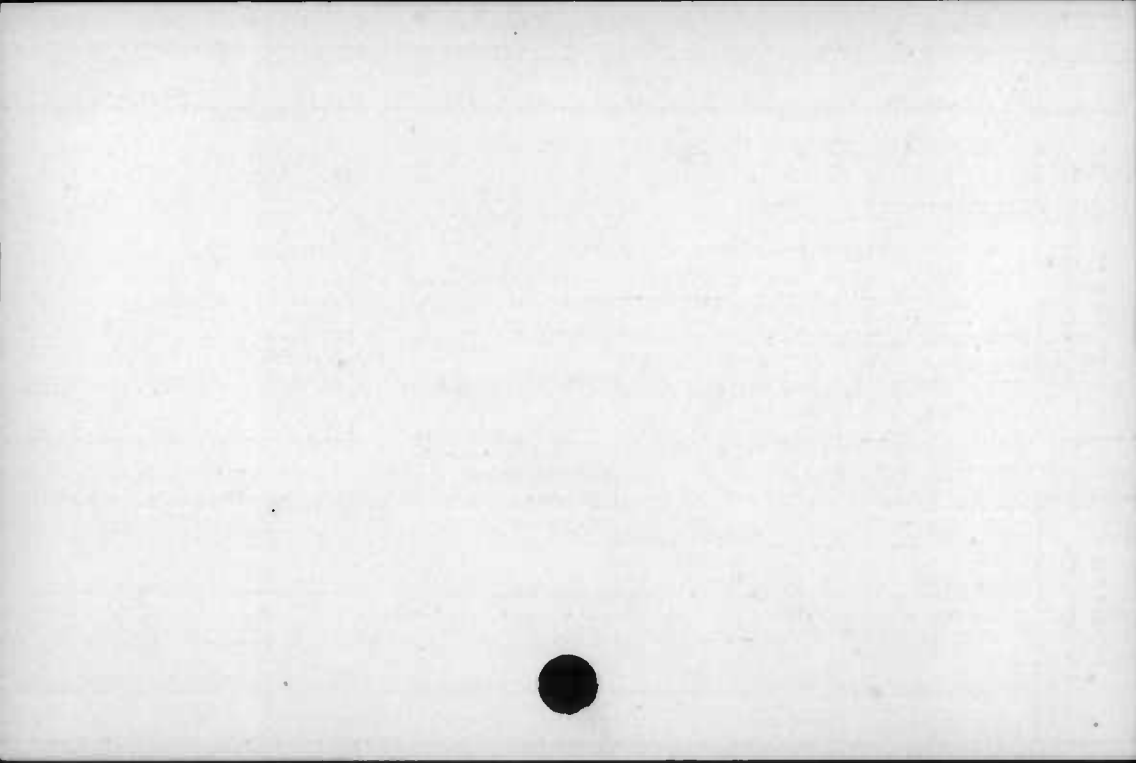
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Paul Jones  
Snow Hill Md

Accident or Suicide?



Name  
in  
Full

Maen James

## CERTIFICATE OF DEATH

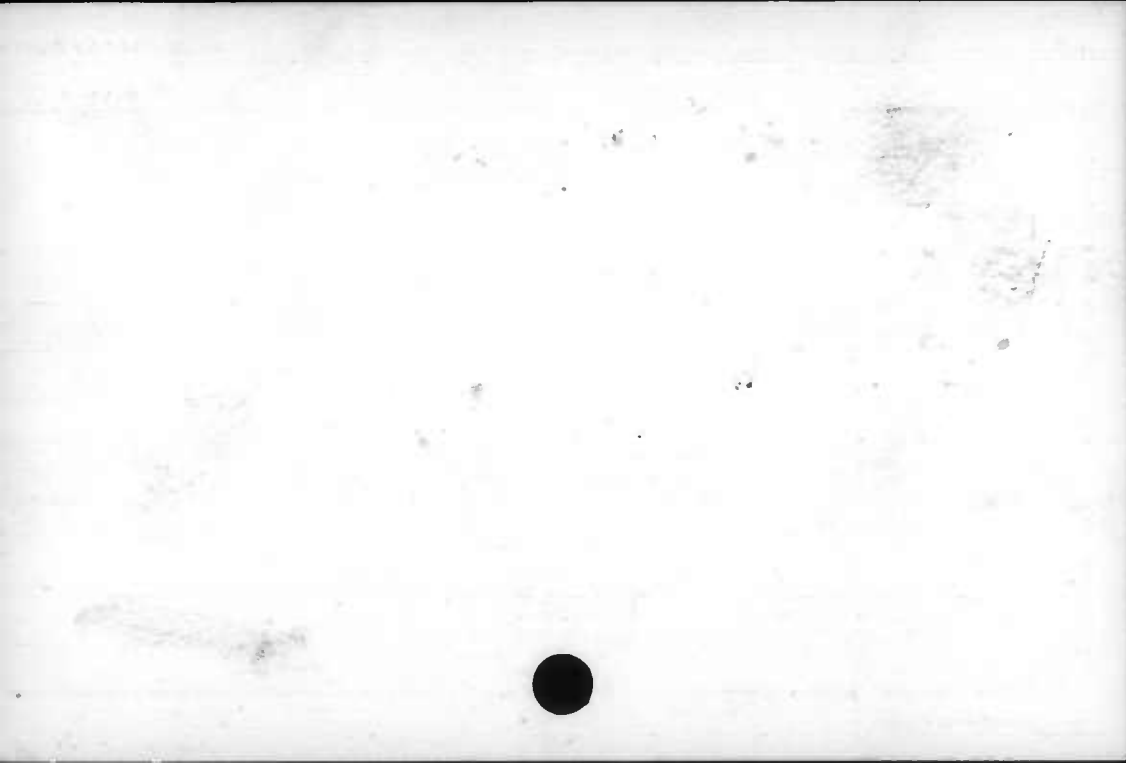
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Nov	30	Age one	3		
Sex	Female	Color or Race	White		Birthplace	Near Ironsboro	
Occupation				Where Residing If not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name	C. Z. Jones				Father's Birthplace	"	
Mother's Maiden Name	M. L. Bradford				Mother's Birthplace	Near Ironsboro	
Name of person giving Information	C. Z. Jones				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis	How long	90
Immediate		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. J. H. G. G. G.
		Address	Berlin
Accident or Suicide			



Name  
in  
Full

Alvra Lauckford

137  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pocomoke city		County Worcester		MARYLAND	
Date of death		190	Year	Month	Day	Age	Months
190		8		Nov	13	66	
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth-place		Pocomoke city	
Married, Single or Widowed		Married		Where Residing if not at place of death			
Father's Name		Dr Jos L Adron		Name of Wife or Husband		E K B Lauckford	
Mother's Maiden Name		Wmmped -		Father's Birthplace		Baltimore	
Name of person giving Information				Mother's Birthplace		" "	
				How related to deceased			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Nephritis	How long	Some months
Immediate	Cardiac Asthma + Collapse	How long	one day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Pocomoke city Md	
Accident or Suicide			



Name  
in  
Full

Lucie Marshall

## CERTIFICATE OF DEATH

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NEAREST FRIEND

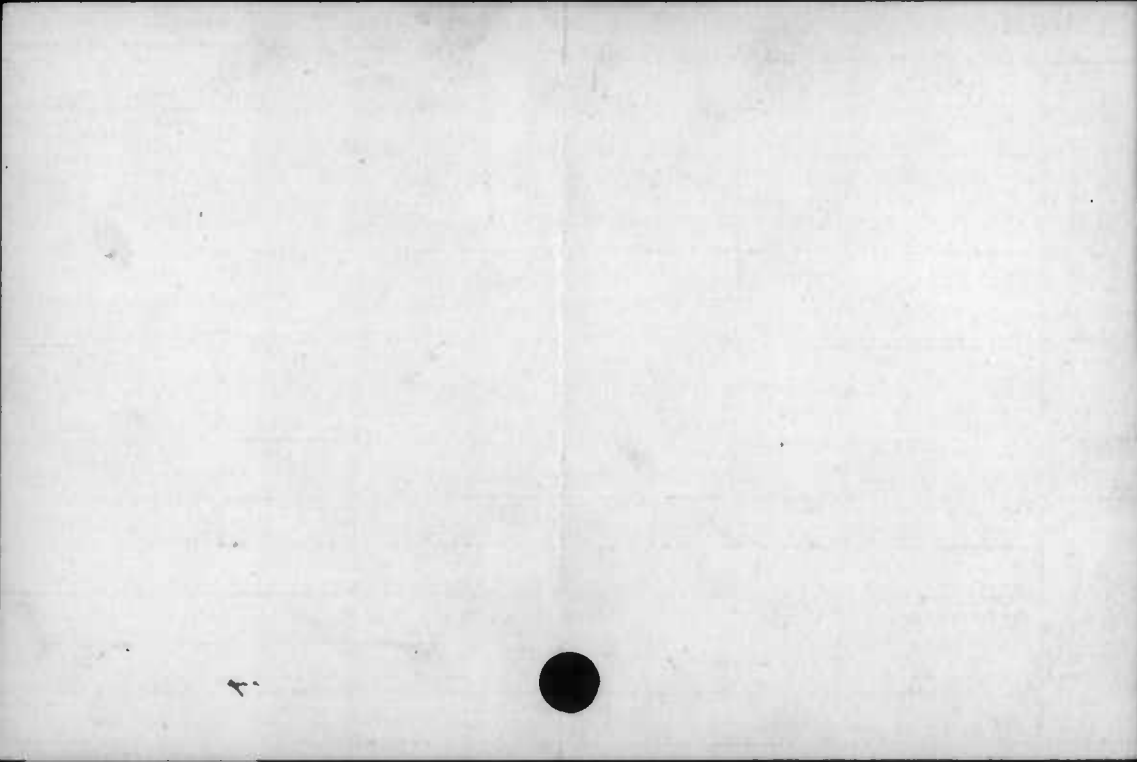
Died at <i>Snow Hill</i>		Town		<i>Shorewater</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>Nov</i>		Day <i>21</i>		Years <i>19</i>		Months	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Perland Ind</i>		Where Residing if not at place of death			
Occupation <i>House wife</i>		Name of Wife or Husband <i>Hosie Marshall</i>		Father's Name <i>John Franklin</i>		Father's Birthplace <i>Worcester Ind</i>		Mother's Maiden Name <i>Gippie Pitts</i>	
Married, Single or Widowed		Name of Wife or Husband		Mother's Maiden Name		Mother's Birthplace <i>Worcester Ind</i>		How related to deceased <i>Husband</i>	
Name of person giving information		Name of Wife or Husband		Father's Name		Father's Birthplace		Mother's Maiden Name	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart irregularities</i>		How long <i>1 year (?)</i>	
Immediate <i>Older</i>		How long <i>four days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. C. Smith</i>	
		Address <i>Salisbury, Ind.</i>	
Accident or Suicide? <i>✓</i>			



Name  
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Full136  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

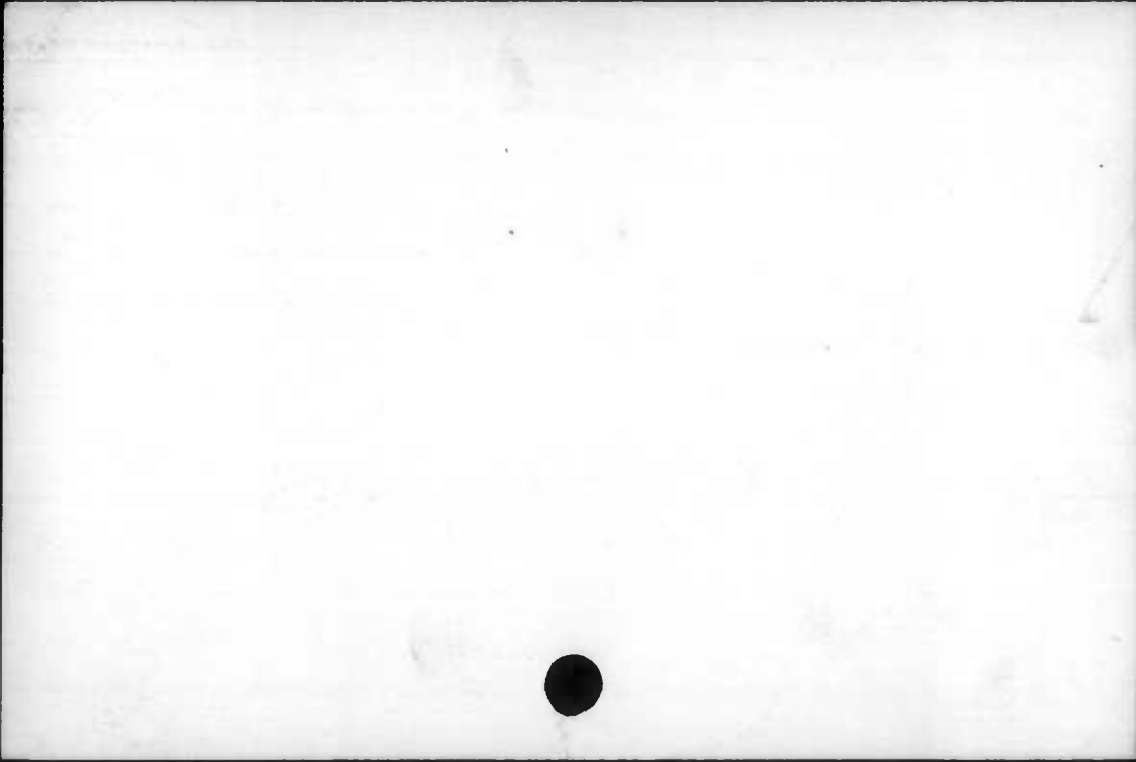
Died at <i>Virginia Mills</i>		Town <i>Pocomoke city</i>		County <i>Morristown</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>14</i>		Age <i>19</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Morristown N.J.</i>			
Occupation <i>Unknown</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Mills</i>					
Father's Name <i>Charles B. Bingham</i>		Father's Birthplace <i>Morristown N.J.</i>					
Mother's Maiden Name <i>Emeline Richie</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Bright</i>	How long	<i>9 months</i>
Immediate	<i>collapse</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Samuel S. Quinn</i>	
		Address <i>Pocomoke City Md</i>	
Accident or Suicide			



Name  
in  
Full135  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

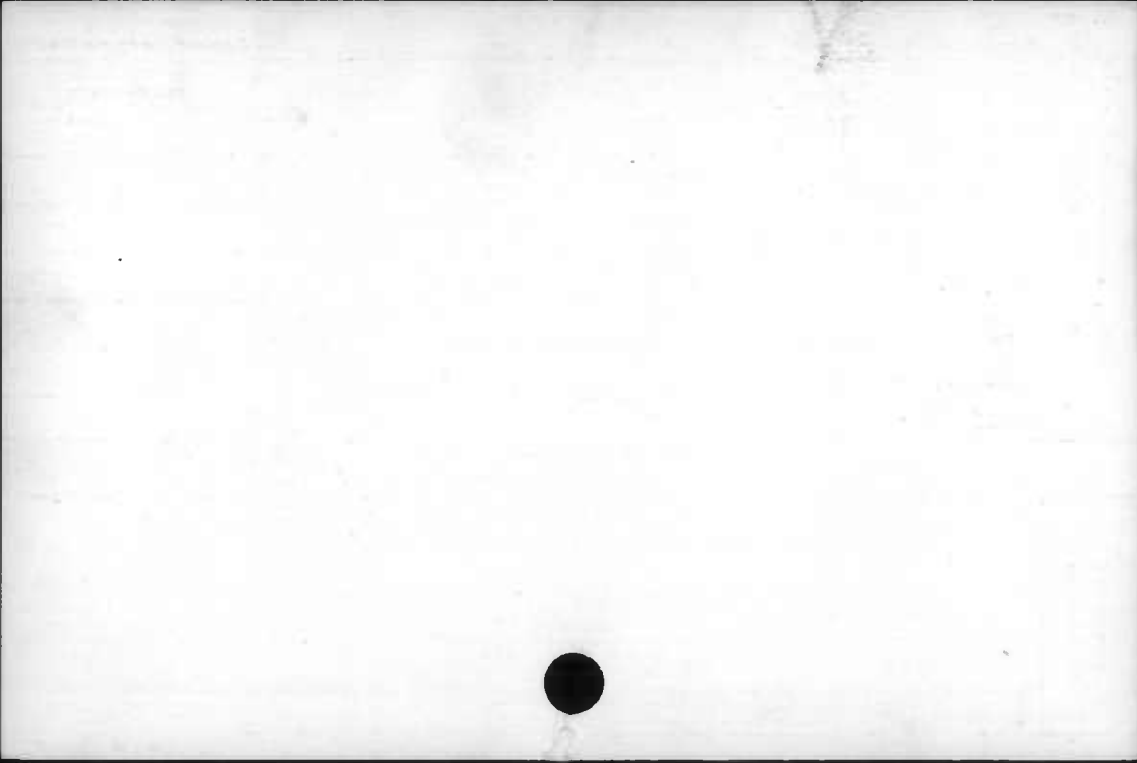
Name in Full <i>Mr. Hamilton Myers</i>		Town <i>Pocomoke City</i>		County <i>Traverse</i>		State <i>MARYLAND</i>	
Died at <i>Pocomoke City</i>		Month <i>Nov</i>		Day <i>10</i>		Age <i>67</i>	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>10</i>		Age <i>67</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Auburn N.Y.</i>			
Occupation <i>Farming</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife <i>Alice W. Myers</i>					
Father's Name <i>Peter Hamilton Myers</i>		Father's Birthplace <i>Auburn N.Y.</i>					
Mother's Maiden Name <i>Margaret Mitchell Swain</i>		Mother's Birthplace <i>England</i>					
Name of person giving Information <i>Irving P. Myers</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

103

PHYSICIAN  
OR CORONER

Primary <i>Gastric Ulcer &amp; Anemia</i>	How long <i>Several years</i>
Immediate <i>Hemorrhage in stomach</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. Peckall</i>
	Address <i>Pocomoke City Md</i>
Accident or Suicide	



Name  
in  
Full138  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

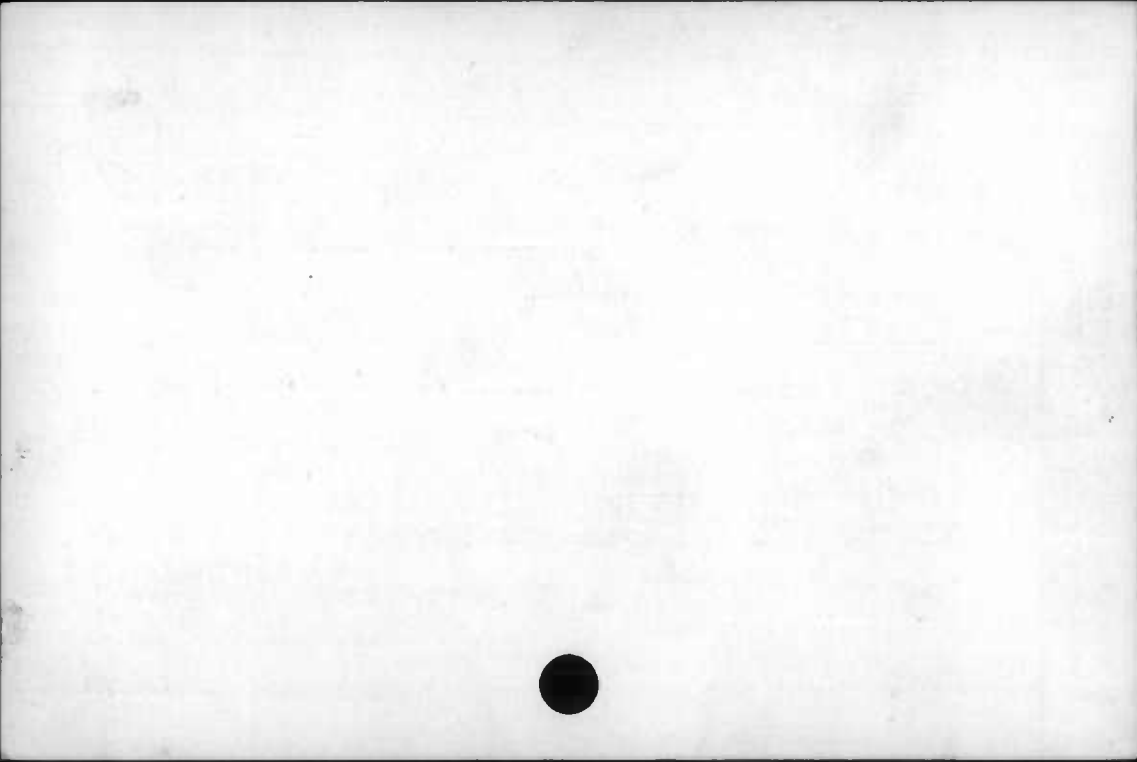
Name of Deceased <i>Mary Catherine Simpson</i>		Town <i>Pennock City</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Died at <i>Pennock City</i>		Date of death <i>1908 Nov 22</i>		Age <i>47</i>		Months <i>8</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>N. Va</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Husband <i>Thomas K. Simpson</i>					
Father's Name <i>Richard Adams</i>		Father's Birthplace <i>N. Va</i>					
Mother's Maiden Name <i>Catherine Nuyamaker</i>		Mother's Birthplace <i>N. Va</i>					
Name of person giving Information <i>Thomas K. Simpson</i>		How related to deceased <i>Husband.</i>					

## CAUSES OF DEATH

54

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>About 2 yrs</i>
Immediate <i>Sudden collapse</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Wilson</i>
	Address <i>Pennock City</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

William H Tatham

139  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

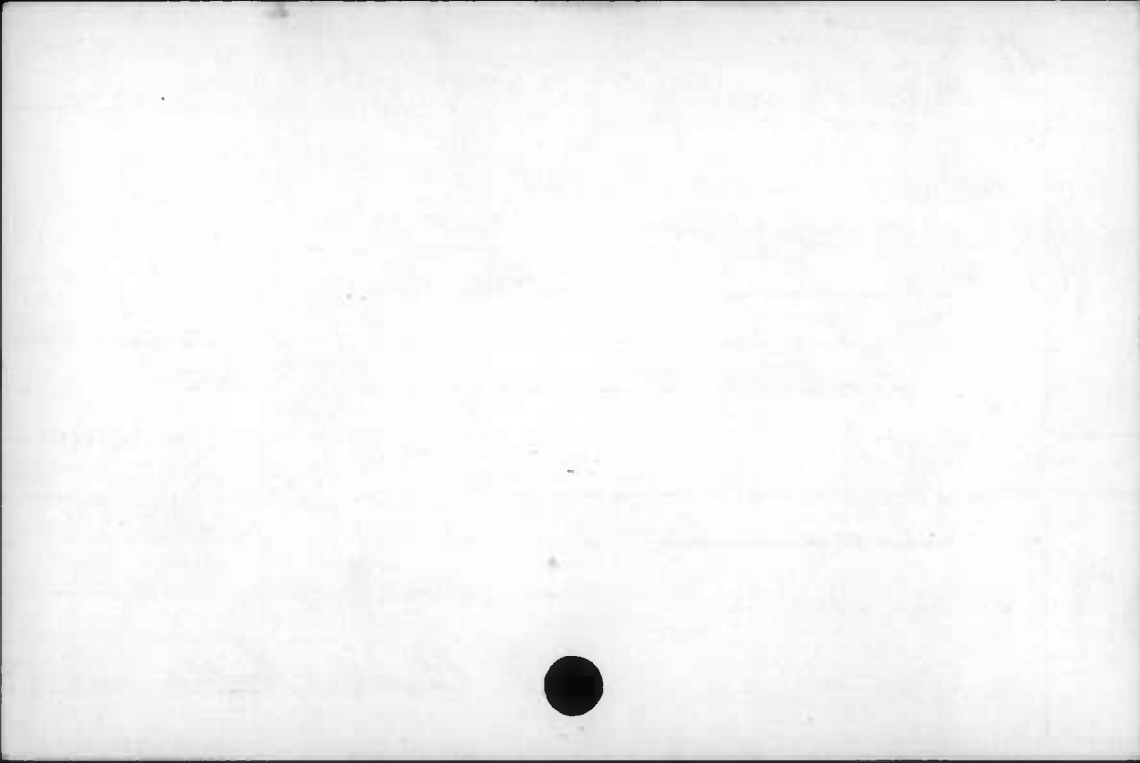
Died at <i>Pocomoke</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1908 Nov.</i> <small>Month</small>		<i>25</i> <small>Day</small>	<i>70</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Accomac Co Va</i>	
Occupation <i>Formerly Harney Maker</i>		Where Residing if not at place of death <i>at place of residence</i>			
<del>Married</del> Widower <i>W</i>		Name of Wife or Husband <i>bernelia Bettsworth</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Accomac Co Va</i>			
Mother's Maiden Name <i>Mollie Thornton</i>		Mother's Birthplace <i>Accomac Co Va</i>			
Name of person giving Information <i>Lemuel Y Thornton</i>		How related to deceased <i>Cousin</i>			

## CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

Primary	<i>Enlarged Liver causing dropsy</i>		How long	<i>one year</i>
Immediate	<i>Heart weakness &amp; failure</i>		How long	<i>one month</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Isaac T Eoster</i>	
			Address <i>Pocomoke City Md</i>	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

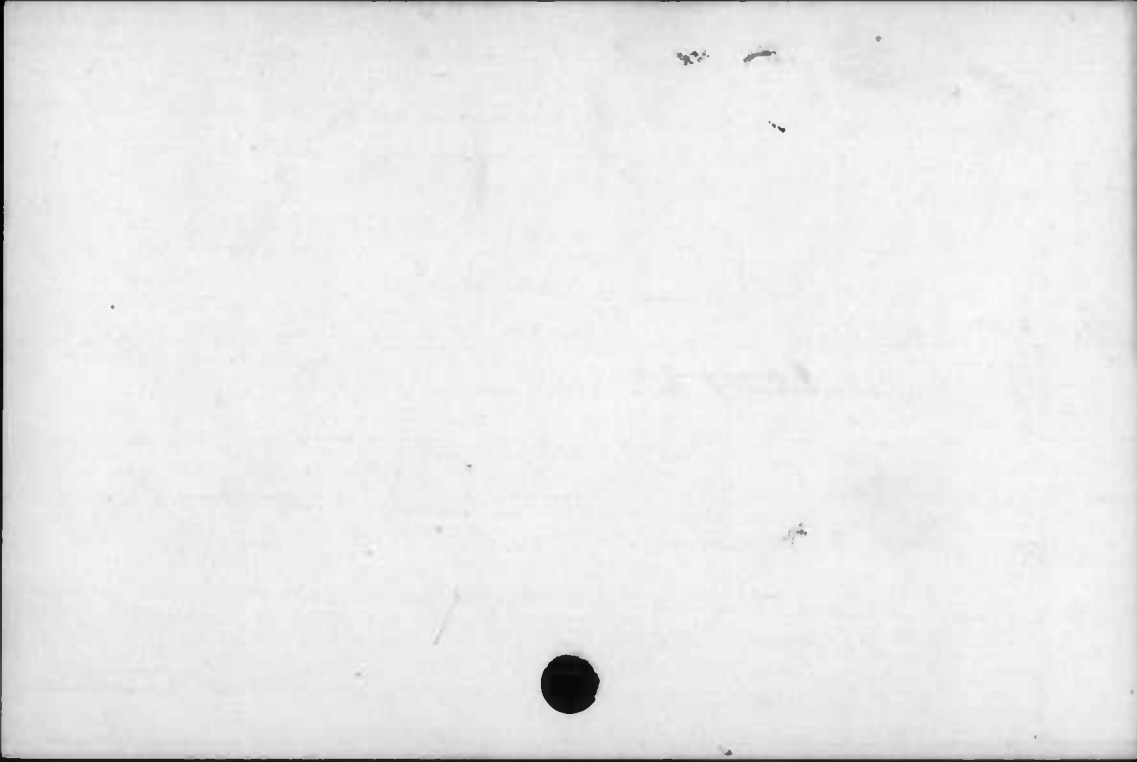
Name in Full <i>Wm Taylor Sr</i>		County <i>Monrovia</i>		MARYLAND	
Died at <i>Baskinville</i>		Month <i>Nov</i>		Days <i>5</i>	
Date of death <i>1908</i>		Age <i>74</i>		Months <i>74</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>Saylor</i>		Where Residing if not at place of death <i>St Yome</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jane Collins</i>			
Father's Name <i>Ebe Taylor</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Sally Rodney</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of left eye and mouth</i>	How long	<i>10 years</i>
Immediate	<i>Paralysis</i>	How long	<i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr P Collins</i>	
<i>Yes</i>		Address <i>Baskinville</i>	
Accident or Suicide? <i>Yes</i>			



Name  
in  
Full

Marie E. Wainwright

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

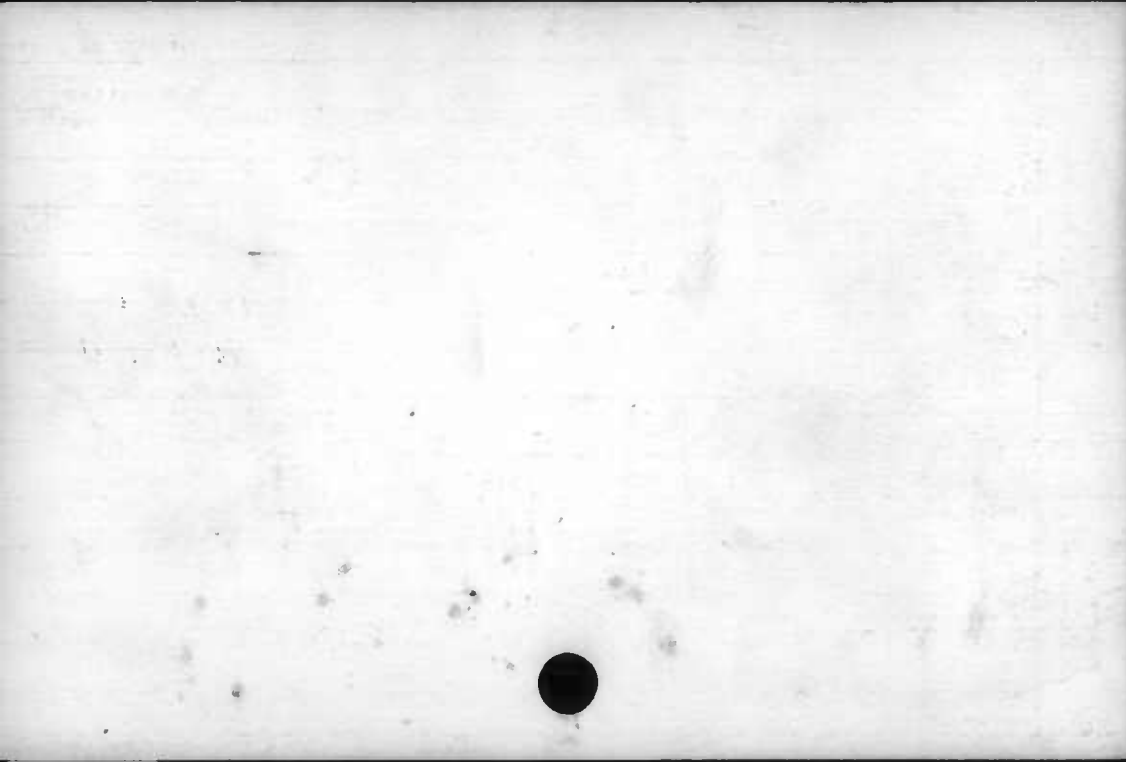
Died at <u>Taylor Vill</u> <sup>Town</sup>		<u>Mon</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>8</u>	<u>Nov</u> <sup>Month</sup>	<u>21</u> <sup>Day</sup>	Age <u>17</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Taylor Vill</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Lemuel Wainwright</u>		Father's Birthplace <u>Near Berlin</u>			
Mother's Maiden Name <u>Mary Lynch</u>		Mother's Birthplace <u>" "</u>			
Name of person giving Information <u>Lemuel Wainwright</u>		How related to deceased <u>Sister</u>			

CAUSES OF DEATH

175

PHYSICIAN  
OR CORONER

Primary <u>Stroke</u>	How long <u>4 weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas. Synaer</u>
	Address <u>Berlin</u>
Accident or Suicida	



Name  
in  
Full

Mary Wright

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>30</i>	Years <i>About 55 or 56</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wor. County Md</i>		
Occupation <i>Day laborer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Not known</i>			
Father's Name <i>Not known</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Wm Williams</i>		How related to deceased <i>None</i>			

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary "Grip" with Bronchitis	How long <i>about 4 weeks</i>
Immediate <i>Heart failure</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide? <i>—</i>	

